

☐ **Check if Renewal** **Certificate No.** _____

FACILITY INFORMATION

Name _____ Telephone (____) _____

Address _____ County _____

Federal Employer # [][] - [][][][][][][] DEA # [][] - [][][][][][][]

AGENT INFORMATION

Name _____

Address _____

Telephone (____) _____

PLEASE LIST THE INDIVIDUALS TO WHOM YOU DISPENSE A CONTROLLED SUBSTANCE

1. _____ Certificate # [][][][][][]

2. _____ Certificate # [][][][][][]

3. _____ Certificate # [][][][][][]

DESCRIBE THE TYPE & LOCATION OF SECURITY USED FOR CONTROLLED SUBSTANCE STORAGE

IDENTIFY YOUR SUPPLIERS OF CONTROLLED SUBSTANCES

1. Company Name _____ City & State _____

2. Company Name _____ City & State _____

3. Company Name _____ City & State _____

Has the society, facility, agent or euthanasia technician been found in violation of any Controlled Substance Laws or any Animal Care Regulation during the past three years? () Yes () No

AFFIRMATION OF APPLICANT

I affirm under the penalties of perjury, that all statements contained on this application are true and correct.

Signature of Agent _____/_____/_____
Date

Signature of Official of Society or Municipality _____/_____/_____
Date

Title

Mail completed application to: **Bureau of Narcotic Enforcement**
433 River Street, Suite 303
Troy, NY 12180
(518) 402-0707